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8
9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11
12 In the Matter of the Accusation Against:

13 **JESSICA ANN MYERS**
27492 Rio Vista Drive
14 Sun City, CA 92586

15 **Registered Nurse License No. 734799**

16 Respondent.

Case No. 2013-10

A C C U S A T I O N

17
18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
21 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department
22 of Consumer Affairs.

23 2. On or about August 18, 2008, the Board of Registered Nursing issued Registered
24 Nurse License Number 734799 to Jessica Ann Myers (Respondent). The Registered Nurse
25 License was in full force and effect at all times relevant to the charges brought herein and will
26 expire on July 31, 2012, unless renewed.

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1 (a) Obtain or possess in violation of law, or prescribe, or except as directed
2 by a licensed physician and surgeon, dentist, or podiatrist administer to himself or
3 herself, or furnish or administer to another, any controlled substance as defined in
4 Division 10 (commencing with Section 11000) of the Health and Safety Code or
5 any dangerous drug or dangerous device as defined in Section 4022.

6 (b) Use any controlled substance as defined in Division 10 (commencing
7 with Section 11000) of the Health and Safety Code, or any dangerous drug or
8 dangerous device as defined in Section 4022, or alcoholic beverages, to an extent
9 or in a manner dangerous or injurious to himself or herself, any other person, or
10 the public or to the extent that such use impairs his or her ability to conduct with
11 safety to the public the practice authorized by his or her license.

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13 (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible
14 entries in any hospital, patient, or other record pertaining to the substances
15 described in subdivision (a) of this section.

16 9. Section 2770.11 of the Code states:

17 (a) Each registered nurse who requests participation in a diversion program
18 shall agree to cooperate with the rehabilitation program designed by a committee.
19 Any failure to comply with the provisions of a rehabilitation program may result in
20 termination of the registered nurse's participation in a program. The name and
21 license number of a registered nurse who is terminated for any reason, other than
22 successful completion, shall be reported to the board's enforcement program.

23 (b) If a committee determines that a registered nurse, who is denied
24 admission into the program or terminated from the program, presents a threat to
25 the public or his or her own health and safety, the committee shall report the name
26 and license number, along with a copy of all diversion records for that registered
27 nurse, to the board's enforcement program. The board may use any of the records
28 it receives under this subdivision in any disciplinary proceeding.

10. Section 2770.12 of the Code states:

21 (a) After a committee in its discretion has determined that a registered nurse
22 has successfully completed the diversion program, all records pertaining to the
23 registered nurse's participation in the diversion program shall be purged.

24 (b) All board and committee records and records of a proceeding pertaining
25 to the participation of a registered nurse in the diversion program shall be kept
26 confidential and are not subject to discovery or subpoena, except as specified in
27 subdivision (b) of Section 2770.11 and subdivision (c).

28 (c) A registered nurse shall be deemed to have waived any rights granted by
any laws and regulations relating to confidentiality of the diversion program, if he
or she does any of the following:

1 (1) Presents information relating to any aspect of the diversion program
2 during any stage of the disciplinary process subsequent to the filing of an
3 accusation, statement of issues, or petition to compel an examination pursuant to
4 Article 12.5 (commencing with Section 820) of Chapter 1. The waiver shall be
5 limited to information necessary to verify or refute any information disclosed by
6 the registered nurse.

7 (2) Files a lawsuit against the board relating to any aspect of the
8 diversion program.

9 (3) Claims in defense to a disciplinary action, based on a complaint that
10 led to the registered nurse's participation in the diversion program, that he or she
11 was prejudiced by the length of time that passed between the alleged violation and
12 the filing of the accusation. The waiver shall be limited to information necessary
13 to document the length of time the registered nurse participated in the diversion
14 program.

15 REGULATORY PROVISIONS

16 11. Title 16, California Code of Regulations, section 1442, provides:

17 As used in Section 2761 of the code, "gross negligence" includes an extreme
18 departure from the standard of care which, under similar circumstances, would
19 have ordinarily been exercised by a competent registered nurse. Such an extreme
20 departure means the repeated failure to provide nursing care as required or failure
21 to provide care or to exercise ordinary precaution in a single situation which the
22 nurse knew, or should have known, could have jeopardized the client's health or
23 life.

24 COST RECOVERY

25 12. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
26 administrative law judge to direct a licentiate found to have committed a violation or violations of
27 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
28 enforcement of the case.

DRUGS

13 13. Dilaudid, a brand name for hydromorphone, is a Schedule II controlled substance as
14 designated by Health and Safety Code Section 11055(b)(1)(J) and is a dangerous drug pursuant to
15 Business and Professions Code section 4022. Dilaudid is a narcotic analgesic prescribed for the
16 relief of moderate to severe pain.

14. Lorazepam, sold under the brand name Ativan, is a Schedule IV controlled substance as designated by Health and Safety Code section 11057(d)(16), and is a dangerous drug pursuant to Business and Professions Code section 4022. Lorazepam is used in the treatment of anxiety disorders and for short-term (up to 4 months) relief of the symptoms of anxiety.

15. Morphine/Morphine Sulfate is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(b)(1)(L) and is a dangerous drug pursuant to Business and Professions Code section 4022. Morphine is in a class of drugs called narcotic analgesics and is used to treat pain.

16. Norco is a compound consisting of 10 mg. hydrocodone bitartrate, also known as dihydrocodeinone, a Schedule III controlled substance as designated by Health and Safety Code section 11056(e)(4), and 325 mg. acetaminophen per tablet. Norco is also a dangerous drug pursuant to section 4022.

FACTUAL ALLEGATIONS

17. Respondent was employed as a registered nurse at Loma Linda University Medical Center (LLUMC) in Loma Linda, California. Respondent was working in Unit 6200, a telemetry step-down unit and her hours of assignment were 6:30 a.m. to 7:00 p.m. In or around November 2010, Respondent's behavior began changing and she would often disappear during her shift.

18. On December 31, 2010, Respondent reported for duty with a normal behavior. As the shift progressed, Respondent was seen going into the restroom frequently. At approximately 11:00 a.m., Respondent informed her charge nurse that she did not feel good. Respondent appeared as though she was going to fall over, lacking expression, pale faced, hair disheveled, nervous and jittery. Given her appearance, the charge nurse sent Respondent home and then compared Respondent's medication withdrawals on AcuDose¹ with the patient's medication

¹ AcuDose is a trade name for the automated single-unit dose medication dispensing system that records information such as patient name, physician orders, date and time medication was withdrawn, and the name of the licensed individual who withdrew and administered the medication. In the event that only portions of the withdrawn medication is given to the patient, the portions not given to the patient are referred to as wastage. This waste must be witnessed by another authorized user and is also recorded by the AcuDose machine.

administration records (MAR). Thereafter, an internal audit and investigation ensued, which revealed the following discrepancies attributed to Respondent:

19. Patient 06305

a. On April 13, 2010 at 1730 hours, Respondent removed 1 mg/ml of Hydromorphone from the AcuDose for this patient. Respondent did not document administration of the medication withdrawn in the patient's MAR. There is no record of wastage for the medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted for.

b. On April 15, 2010 at 0720 hours, Respondent removed 1 mg/ml of Hydromorphone from the AcuDose for this patient. Respondent wasted of .5 mg of Hydromorphone at 0722 hours; however, Respondent did not document administration of the remaining .5 mg/ml in the patient's MAR. Therefore, .5 mg/ml of Hydromorphone is unaccounted for.

20. Patient 00795

a. On April 15, 2010 at 1539 hours, Respondent removed a 4 mg tablet of Hydromorphone from the AcuDose for this patient. Respondent did not document administration of the medication withdrawn in the patient's MAR. There is no record of wastage for the medication withdrawn by Respondent. Therefore, a 4 mg tablet of Hydromorphone is unaccounted for.

21. Patient 06338

a. On August 2, 2010 at 0651 hours, Respondent removed 2 tablets of Norco (Hydrocodone/Acet 10-325 mg) from the AcuDose for this patient. Respondent did not document administration of the medication withdrawn in the patient's MAR. There is no record of wastage for the medication withdrawn by Respondent. Therefore, 2 tablets of Norco are unaccounted for.

b. On August 2, 2010 at 1649 hours, Respondent removed 1 mg/ml of Hydromorphone from the AcuDose for this patient. Respondent did not document administration of the medication withdrawn in the patient's MAR. There is no record of wastage for the

1 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
2 for.

3 22. Patient 01048

4 a. On August 4, 2010 at 0649 hours, Respondent removed 2 mg/ml of Morphine
5 Sulfate from the AcuDose for this patient. Respondent documented administration of 1 mg of
6 Morphine Sulfate in the patient's MAR. There is no record of wastage for the remaining 1 mg/ml
7 of the medication withdrawn by Respondent. Therefore, 1 mg/ml of Morphine Sulfate is
8 unaccounted for.

9 b. On August 4, 2010 at 1140 hours, Respondent removed 2 mg/ml of Morphine
10 Sulfate from the AcuDose for this patient. Respondent did not document administration of the
11 medication withdrawn in the patient's MAR. There is no record of wastage for the medication
12 withdrawn by Respondent. Therefore, 2 mg/ml of Morphine Sulfate are unaccounted for.

13 23. Patient 01981

14 a. On November 25, 2010 at 0651 hours, Respondent removed 2 mg/ml of
15 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
16 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
17 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
18 for.

19 24. Patient 01035

20 a. On November 27, 2010 at 0655 hours, Respondent removed 2 mg/ml of
21 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
22 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
23 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
24 for.

25 b. On November 27, 2010 at 0800 hours, Respondent removed 1 mg/ml of
26 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
27 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining .5
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1 mg of Hydromorphone withdrawn by Respondent. Therefore, .5 mg/ml of Hydromorphone is
2 unaccounted for.

3 c. On November 27, 2010 at 1143 hours, Respondent removed 1 mg/ml of
4 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
5 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining .5
6 mg of Hydromorphone withdrawn by Respondent. Therefore, .5 mg/ml of Hydromorphone is
7 unaccounted for.

8 d. On November 27, 2010 at 1409 hours, Respondent removed 2 tablets of
9 Lorazepam 1 mg from the AcuDose for this patient. Respondent did not document administration
10 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
11 medication withdrawn by Respondent. Therefore, 2 tablets of Lorazepam 1 mg are unaccounted
12 for.

13 e. On November 27, 2010 at 1409 hours, Respondent removed 1 mg/ml of
14 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
15 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
16 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
17 for.

18 f. On November 27, 2010 at 1416 hours, Respondent removed 2 mg/ml of
19 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
20 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
21 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
22 for.

23 25. Patient 06260

24 a. On December 1, 2010 at 0703 hours, Respondent removed 2 mg/ml of
25 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
26 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
27 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
28 for.

1 b. On December 1, 2010 at 0926 hours hours, Respondent removed 1 mg/ml of
2 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
3 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
4 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
5 for.

6 c. On December 1, 2010 at 1254 hours, Respondent removed 1 mg/ml of
7 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
8 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
9 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
10 for.

11 d. On December 2, 2010 at 0701 hours, Respondent removed 1 mg/ml of
12 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
13 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
14 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
15 for.

16 e. December 2, 2010 at 1235 hours, Respondent removed 1 mg/ml of
17 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
18 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
19 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
20 for.

21 26. Patient 01221

22 a. On December 2, 2010 at 1301 hours, Respondent removed 1 mg/ml of
23 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
24 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
25 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
26 for.

1 b. On December 2, 2010 at 1301 hours, Respondent removed 1 tablet of
2 Hydromorphone 4 mg from the AcuDose for this patient. Respondent did not document
3 administration of the medication withdrawn in the patient's MAR. There is no record of wastage
4 for the medication withdrawn by Respondent. Therefore, 1 tablet of Hydromorphone 4 mg is
5 unaccounted for.

6 c. On December 2, 2010 at 1335 hours, Respondent removed 3 tablets of
7 Hydromorphone 4 mg/ml from the AcuDose for this patient. Respondent wasted 2 tablets of
8 Hydromorphone 4 mg at 1336 hours. However, Respondent did not document administration of
9 the remaining 1 tablet of Hydromorphone 4 mg. Therefore, 1 tablet of Hydromorphone 4 mg is
10 unaccounted for.

11 d. On December 2, 2010 at 1440 hours, Respondent removed 2 mg/ml of
12 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
13 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
14 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
15 for.

16 27. Patient 06344

17 a. On December 8, 2010 at 0652 hours, Respondent removed 2 mg/ml of
18 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
19 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
20 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
21 for.

22 28. Patient 00909

23 a. On December 8, 2010 at 1614 hours, Respondent removed 2 mg/ml of
24 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
25 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
26 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
27 for.

1 29. Patient 01129

2 a. On December 11, 2010 at 0704 hours, Respondent removed 2 mg/ml of
3 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
4 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
5 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
6 for.

7 b. On December 11, 2010 at 1036 hours, Respondent removed 1 tablet of
8 Hydromorphone 2 mg from the AcuDose for this patient. Respondent did not document
9 administration of the medication withdrawn in the patient's MAR. There is no record of wastage
10 for the medication withdrawn by Respondent. Therefore, 1 tablet of Hydromorphone 2 mg is
11 unaccounted for.

12 30. Patient 00935

13 a. On December 11, 2010 at 1625 hours, Respondent removed 2 mg/ml of
14 Morphine Sulfate from the AcuDose for this patient. Respondent did not document
15 administration of the medication withdrawn in the patient's MAR. There is no record of wastage
16 for the medication withdrawn by Respondent. Therefore, 2 mg/ml of Morphine Sulfate are
17 unaccounted for.

18 31. Patient 06189

19 a. On December 13, 2010 at 0650 hours, Respondent removed 1 mg/ml of
20 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
21 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
22 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
23 for.

24 32. Patient 06364

25 a. On December 13, 2010 at 1005 hours, Respondent removed 2 tablets of
26 Norco (Hydrocodone/Acet 10-325 mg) from the AcuDose for this patient. Respondent did not
27 document administration of the medication withdrawn in the patient's MAR. There is no record
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1 of wastage for the medication withdrawn by Respondent. Therefore, 2 tablets of Norco are
2 unaccounted for.

3 b. On December 13, 2010 at 1704 hours, Respondent removed 1 mg/ml of
4 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
5 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
6 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
7 for.

8 33. Patient 00495

9 a. On December 14, 2010 at 0720 hours, Respondent removed 2 mg/ml of
10 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
11 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
12 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
13 for.

14 34. Patient 01179

15 a. On December 14, 2010 at 0842 hours, Respondent removed 2 mg/ml of
16 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
17 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
18 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
19 for.

20 b. On December 14, 2010 at 1149 hours, Respondent removed 1 mg/ml of
21 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
22 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
23 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
24 for.

25 35. Patient 06189

26 a. On December 14, 2010 at 1659 hours, Respondent removed 1 tablet of
27 Hydromorphone 4 mg from the AcuDose for this patient. Respondent did not document
28 administration of the medication withdrawn in the patient's MAR. There is no record of wastage

1 for the medication withdrawn by Respondent. Therefore, 1 tablet of Hydromorphone 4 mg is
2 unaccounted for.

3 36. Patient 06174

4 a. On December 18, 2010 at 0842 hours, Respondent removed 1 mg/ml of
5 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
6 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining .5
7 mg/ml of the medication withdrawn by Respondent. Therefore, .5 mg/ml of Hydromorphone is
8 unaccounted for.

9 b. On December 18, 2010 at 01908 hours, Respondent removed 1 mg/ml of
10 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
11 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining .5
12 mg/ml of the medication withdrawn by Respondent. Therefore, .5 mg/ml of Hydromorphone is
13 unaccounted for.

14 37. Patient 00502

15 a. On December 31, 2010 at 0718 hours, Respondent removed 2 mg/ml of
16 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
17 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
18 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
19 for.

20 38. Patient 06374

21 a. On December 31, 2010 at 0718 hours, Respondent removed 1 tablet of
22 Hydromorphone 4 mg from the AcuDose for this patient. Respondent did not document
23 administration of the medication withdrawn in the patient's MAR. There is no record of wastage
24 for the medication withdrawn by Respondent. Therefore, 1 tablet of Hydromorphone 4 mg is
25 unaccounted for.

26 39. Patient 01110

27 a. On January 1, 2011 at 0718 hours, Respondent removed 2 mg/ml of
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1 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
2 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining 1.5
3 mg/ml of the medication withdrawn by Respondent. Therefore, 1.5 mg/ml of Hydromorphone is
4 unaccounted for.

5 b. On January 1, 2011 at 1517 hours, Respondent removed 1 mg/ml of
6 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
7 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining .5
8 mg/ml of the medication withdrawn by Respondent. Therefore, .5 mg/ml of Hydromorphone is
9 unaccounted for.

10 40. Patient 00056

11 a. On January 1, 2011 at 1151 hours, Respondent removed 1 mg/ml of
12 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
13 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining .5
14 mg/ml of the medication withdrawn by Respondent. Therefore, .5 mg/ml of Hydromorphone is
15 unaccounted for.

16 b. On January 1, 2011 at 1729 hours, Respondent removed 1 tablet of
17 Hydromorphone 4 mg from the AcuDose for this patient. Respondent did not document
18 administration of the medication withdrawn in the patient's MAR. There is no record of wastage
19 for the medication withdrawn by Respondent. Therefore, 1 tablet of Hydromorphone 4 mg is
20 unaccounted for.

21 41. Patient 00216

22 a. On January 3, 2011 at 0941 hours, Respondent removed 1 mg/ml of
23 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
24 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
25 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
26 for.

27 42. Patient 00467

28 a. On January 5, 2011 at 0702 hours, Respondent removed 1 mg/ml of

1 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
2 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
3 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
4 for.

5 b. On January 5, 2011 at 0702 hours, Respondent removed 1 tablet of
6 Hydromorphone 4 mg from the AcuDose for this patient. Respondent did not document
7 administration of the medication withdrawn in the patient's MAR. There is no record of wastage
8 for the medication withdrawn by Respondent. Therefore, 1 tablet of Hydromorphone 4 mg is
9 unaccounted for.

10 c. On January 5, 2011 at 1123 hours, Respondent removed 1 tablet of
11 Hydromorphone 4 mg from the AcuDose for this patient. Respondent did not document
12 administration of the medication withdrawn in the patient's MAR. There is no record of wastage
13 for the medication withdrawn by Respondent. Therefore, 1 tablet of Hydromorphone 4 mg is
14 unaccounted for.

15 43. Patient 00373

16 a. On January 5, 2011 at 1134 hours, Respondent removed 2 mg/ml
17 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
18 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining 1.5
19 mg/ml of the medication withdrawn by Respondent. Therefore, 1.5 mg/ml of Hydromorphone is
20 unaccounted for.

21 b. On January 10, 2011 at 0651 hours, Respondent removed 2 mg/ml of
22 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
23 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
24 medication withdrawn by Respondent. Therefore, 2 mg/ml of Hydromorphone are unaccounted
25 for.

26 44. Patient 00132

27 a. On January 10, 2011 at 0835 hours, Respondent removed 1 tablets of
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1 Norco (Hydrocodone/Acet 5-325 mg) from the AcuDose for this patient. Respondent did not
2 document administration of the medication withdrawn in the patient's MAR. There is no record
3 of wastage for the medication withdrawn by Respondent. Therefore, 1 tablets of Norco is
4 unaccounted for.

5 45. Patient 06218

6 a. On January 10, 2011 at 0918 hours, Respondent removed 1 mg/ml of
7 Hydromorphone from the AcuDose for this patient. Respondent documented administration of .5
8 mg of Hydromorphone in the patient's MAR. There is no record of wastage for the remaining .5
9 mg/ml of the medication withdrawn by Respondent. Therefore, .5 mg/ml of Hydromorphone is
10 unaccounted for.

11 46. Patient 06373

12 a. On January 10, 2011 at 1447 hours, Respondent removed 1 mg/ml of
13 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
14 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
15 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
16 for.

17 b. On January 10, 2011 at 1733 hours, Respondent removed 1 mg/ml of
18 Hydromorphone from the AcuDose for this patient. Respondent did not document administration
19 of the medication withdrawn in the patient's MAR. There is no record of wastage for the
20 medication withdrawn by Respondent. Therefore, 1 mg/ml of Hydromorphone is unaccounted
21 for.

22 47. Following the internal audit, Respondent was interviewed by the Director of Patient
23 Care and the Chief Patient Care Director at LLUMC on January 11, 2011. When confronted with
24 the discrepancies, Respondent stated that she forgot and that it "was sloppy nursing." Respondent
25 did not have an explanation for the discrepancies and instead stated, "things are going on in my
26 life. I'm not happy here on this unit. I am not happy in my life." Respondent was placed on
27 administrative leave while the matter was reviewed further by LLUMC staff. As Respondent was
28 leaving the unit, she handed another nurse two tablets of Hydromorphone 4 mg, that she had

1 withdrawn from AcuDose at 0736 for patient 00893 (who was not assigned to Respondent.) The
2 other nurse wasted the two tablets of Hydromorphone that Respondent handed to him.

3 48. Following the interview, the Director of Patient Care continued her review of the
4 matter and then attempted to reach Respondent by telephone, leaving messages for Respondent to
5 contact her and advising Respondent that another meeting had been scheduled for January 17,
6 2011 at 10:00 a.m. Less than one hour prior to the indicated meeting, Respondent sent the
7 Director of Patient Care an email wherein she resigned from her position.

8 49. On or about April 12, 2011, Respondent contacted the Board of Registered Nursing's
9 MAXIMUS Diversion Program to voluntarily participate in the program. During her intake
10 interview, Respondent admitted that she resigned from LLUMC after being confronted about the
11 narcotic discrepancies. Respondent admitted that she was diverting Hydromorphone for her own
12 personal use. Respondent admitted that she denied diverting narcotics when she was confronted
13 by her employer about the discrepancies. Respondent admitted that she took Hydromorphone
14 pills from work and then used it at home for stress relief. Respondent also admitted that her
15 primary substance of abuse was alcohol.

16 50. By enrolling in MAXIMUS, Respondent agreed to abstain from the use of over-the-
17 counter drugs, alcohol, and all other mind-altering drugs unless prescribed, to submit copies of
18 prescriptions for all prescription medications she was currently taking, to attend and complete an
19 aftercare program for a total of 12 months, to enter a chemical dependency outpatient treatment
20 program, to attend weekly 12-step meetings, to attend Nurse Support Group (NSG) meetings, and
21 to submit to urine tests to monitor drug and alcohol usage, among other terms.

22 51. On June 4, 2011, Respondent tested positive Tramadol. Respondent stated that she
23 did not look at the unapproved medication list and admitted that she did not tell her case manager
24 that she was taking the Tramadol. At her first Diversion Evaluation Committee (DEC) meeting
25 on June 23, 2011, Respondent again admitted that she diverted opiates from work to use at home
26 for relief of stress. Respondent stopped contacting her case manager beginning in or around July
27 1, 2011. On July 2, 2011, Respondent stopped calling into FirstLab for her daily check-in to
28

1 determine whether she was required to test for drugs/alcohol. Respondent failed to enter into an
2 inpatient treatment program as mandated.

3 52. On or about July 5, 2011, Respondent was terminated from MAXIMUS for non-
4 compliance and deemed a public risk.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Unlawfully Obtain Controlled Substances)**

7 53. Respondent is subject to disciplinary action for unprofessional conduct under section
8 2762(a) in that while employed as a registered nurse at LLUMC, Respondent unlawfully obtained
9 and possessed controlled substances, as is more particularly set forth in paragraphs 17 through 52
10 above, which are incorporated herein as though set forth in full.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **(Used Drugs in Dangerous Manner)**

13 54. Respondent is subject to disciplinary action under section 2762(b) of the Code in that
14 Respondent used controlled substances to an extent or in a manner that was dangerous to herself
15 or others, as set forth in paragraphs 17 through 52, above, which are incorporated herein by
16 reference, as though set forth in full.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Falsify or Make Grossly Incorrect or Inconsistent Entries)**

19 55. Respondent is subject to disciplinary action for unprofessional conduct under Code
20 section 2762(e) for falsifying or making grossly incorrect, inconsistent and/or unintelligible
21 entries in the hospital records of LLUMC by withdrawing medication, charging the withdrawal to
22 patients who did not receive the drugs or for whom Respondent did not document administration
23 or wastage of the drug as is more particularly set forth in paragraphs 17 through 52 above, which
24 are incorporated herein as though set forth in full.

25 **FOURTH CAUSE FOR DISCIPLINE**

26 **(Gross Negligence)**

27 56. Respondent is subject to disciplinary action for unprofessional conduct under section
28 2761(a)(1) of the Code in that during her employment at LLUMC, Respondent was grossly

1 negligent as evidenced by her repeated failure to provide nursing care as required, specifically as
2 it related to her management of the administration of controlled substances to her patients, as is
3 forth in paragraphs 17 through 52 above, which are incorporated herein as though set forth in full.

4 **FIFTH CAUSE FOR DISCIPLINE**

5 **(Unprofessional Conduct)**

6 57. Respondent is subject to disciplinary action under section 2761(a) of the Code in that
7 Respondent exhibited general unprofessional conduct, as set forth in paragraphs 17 through 52,
8 above, which are incorporated herein as though set forth in full.

9 **SIXTH CAUSE FOR DISCIPLINE**

10 **(Violation of the Chapter)**

11 58. Respondent is subject to disciplinary action under section 2761(d) of the Code for
12 failure to comply with section 2770.11(a), as set forth in paragraphs 49 through 52, above, which
13 are incorporated herein by reference, for failure to comply with the Board's diversion program.

14 **DISCIPLINARY CONSIDERATIONS**

15 59. To determine the degree of discipline, if any, to be imposed on Respondent,
16 Complainant alleges that on or about November 18, 2004, in *People v. Jessica A. Myers*,
17 Riverside Superior Court case number SWM032073, Respondent was convicted of violating
18 Vehicle Code sections 23152(a), driving under the influence of alcohol, and 23152(b), driving
19 with a blood alcohol content of .08 percent or more, both misdemeanors.

20 **PRAYER**

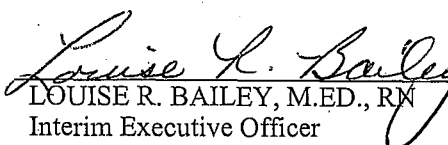
21 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
22 and that following the hearing, the Board of Registered Nursing issue a decision:

- 23 1. Revoking or suspending Registered Nurse License Number 734799, issued to Jessica
24 Ann Myers;
- 25 2. Ordering Jessica Ann Myers to pay the Board of Registered Nursing the reasonable
26 costs of the investigation and enforcement of this case, pursuant to Business and Professions
27 Code section 125.3;
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3. Taking such other and further action as deemed necessary and proper.

DATED: July 3, 2012


LOUISE R. BAILEY, M.ED., RN
Interim Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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